

PTO/SB/97 (08-03)

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Date



Signature

Patricia M. Fedorowycz

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this
certificate must identify each submitted paper.

Mail Stop: RCE

ATTACHED: - FEE SHEET (PTO/SB/17), in duplicate; and

- PETITION FOR ONE MONTH EXTENSION (PTO/SB/22),
in duplicate.

**THIS EXTENSION IS FOR THE RCE THAT WAS PREVIOUSLY FAXED TODAY
FOR THE APPLICATION INDICATED BELOW.**

CUSTOMER NO.: 24498
Serial No.: 10/541,634
Docket No.: PF030023
Art Unit: 2629
Examiner: Robert R. Rainey

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: **5**

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND

PTO/SB/17 (01/08)
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**130.00**

Complete if Known

Application Number **10/541,634**
Filing Date **April 11, 2006**
First Named Inventor **Khaled Sarayeddine**
Examiner Name **Robert R. Rainey**
Art Unit **2629**
Attorney Docket No. **PF030023**

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METHOD OF PAYMENT (check all that apply)

CUSTOMER NUMBER: **24498**☐ Check ☐ Credit card ☐ Money Order☐ None☐ Other (please identify):☒ Deposit Account: Deposit Account Number **07-0832**

Deposit Account Name:

THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP = x \$50 = \$

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP = x \$200 = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(e).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): FEE FOR ONE MONTH EXTENSION \$130.00

\$130.00

SUBMITTED BY

Name (Print/Type) **Richard LaPeruta, Jr.** Registration No. (Attorney/Agent) **51,252** Telephone **(609) 734-6816**
Signature *Richard LaPeruta* **November 5, 2008**

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460. If you need assistance in completing the form, call 1-800-PTO-0198 and select option 2.

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FEE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**130.00**

Complete if Known

Application Number **10/541,634**
Filing Date **April 11, 2006**
First Named Inventor **Khaled Sarayedline**
Examiner Name **Robert R. Rainey**
Art Unit **2629**
Attorney Docket No. **PF030023**

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims Extra Claims Fee (\$)
 _____ - or HP = _____ x \$50 = \$

HP = highest number of total claims paid for, if greater than 20.

Independent Claims Extra Claims Fee (\$)
 _____ - or HP = _____ x \$200 = 0

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)
 _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

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Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): FEE FOR ONE MONTH EXTENSION \$130.00

Fees Paid (\$)

\$130.00

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Name (Print/Type) **Richard LaPeruta, Jr.** Registration No. (Attorney/Agent) **51,252** Telephone **(609) 734-6816**
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PTO/SB/22 (08-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) PF030023	RECEIVED CENTRAL FAX CENTER NOV 05 2008
Customer No.: 24498	In re Application of Khaled Sarayedddine et al.		
Application Number 10/541,634		Filed April 11, 2006	
For IMAGE PROJECTION SYSTEM COMPRISING A SINGLE IMAGER WHICH IS EQUIPPED WITH PHOTOSENSITIVE SENSORS FOR THE IDENTIFICATION OF ILLUMINATION COLOURS			
Art Unit 2629		Examiner Robert R. Rainey	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-0832.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71


Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 51,252

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November 5, 2008	
Date	Signature
(609) 734-6816	RICHARD LaPERUTA, JR.
Telephone Number	Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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PTO/SB/22 (08-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) PF030023
Customer No.: 24498	In re Application of Khaled Sarayeddine et al.	
Application Number 10/541,634	Filed April 11, 2006	
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Art Unit 2629	Examiner Robert R. Rainey	

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☐ Three months (37 CFR 1.17(a)(3)) \$ _____
☐ Four months (37 CFR 1.17(a)(4)) \$ _____
☐ Five months (37 CFR 1.17(a)(5)) \$ _____
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.
☐ A check in the amount of the fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
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☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-0832.
 I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☐ attorney or agent of record. Registration Number _____
☒ attorney or agent under 37 CFR 1.34(a).
 Registration number if acting under 37 CFR 1.34(a). 51,252.

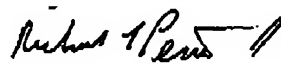
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November 5, 2008

Date

(609) 734-6816

Telephone Number



Signature

RICHARD LaPERUTA, JR.

Typed or printed name

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